

3900 W. 34th St. N • Sioux Falls, SD 57107

Phone: 605.336.3080 Toll-Free: 800.353.3080 Fax: 605.336.3043

www.tsf.com

REGISTRATION FORM





**2024 CUSTOMER TRIP** 

Liviera Maya

## TRAVEL INFORMATION

Passenger 1: Passenger 1 will be primary con  Male Female Name:  Address:  Street Address  Phone:	First	Middle City	State	Last Zip
Male Female Name:  Address:  Street Address	First	Middle City	State	Zip
Male Female Name:	First	Middle		
				Last
	•			
Passenger 1: Passenger 1 will be primary con	ntact for trip informa	ation.		
Passenger Information: Print name EXACT	LY AS IT APPEARS	on your <b>PASSPORT</b> , including	ng your first, middle	e and last name.
Store Name:		Store City:		
* Alternate travel plans are	e available. Please	contact us to schedule.		
Preferred Dates: February 7 - 14, 2024	(Wed Wed.)	Other (please specify)		
	·	erritory ivialiager ii you liave a	ny questions.	
organized by Tri-State Wholesale Flooring. Pl	ease contact your T	orritory Managor if you have a		

\* Must not expire before September 1, 2024.



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Passenger 2:	Male Female Name:				
J	<b>_</b>	First	Middle		Last
	Address:				
	Street Address		City	State	Zip
	Phone:		Email:		
	Date of Birth:		Age:		
	Passport Number:		Issue Date:		
				* Must not expire before	September 1, 2024.
Passenger 3:	Male Female Name:				
		First	Middle		Last
	Address:Street Address		City	State	Zip
			•		,
	Phone:		Email:		
	Date of Birth:		Age:		
	Passport Number:		Issue Date:	Expiration Date:	
	assport Number.		issue bate	* Must not expire before	
Passenger 4:	Male Female Name:	 First	Middle		Last
					Last
	Address:Street Address		City	State	Zip
	Phone:		Email:		
	Date of Birth:		Age:		
	Passport Number:		Issue Date:	Expiration Date:  * Must not expire before September 1, 2024.	

Please email the completed form to info@tsf.com or print and mail the form to Tri-State Wholesale Flooring, PO Box 1841, Sioux Falls, SD 57101-1841.